Trauma Informed Evaluation Report

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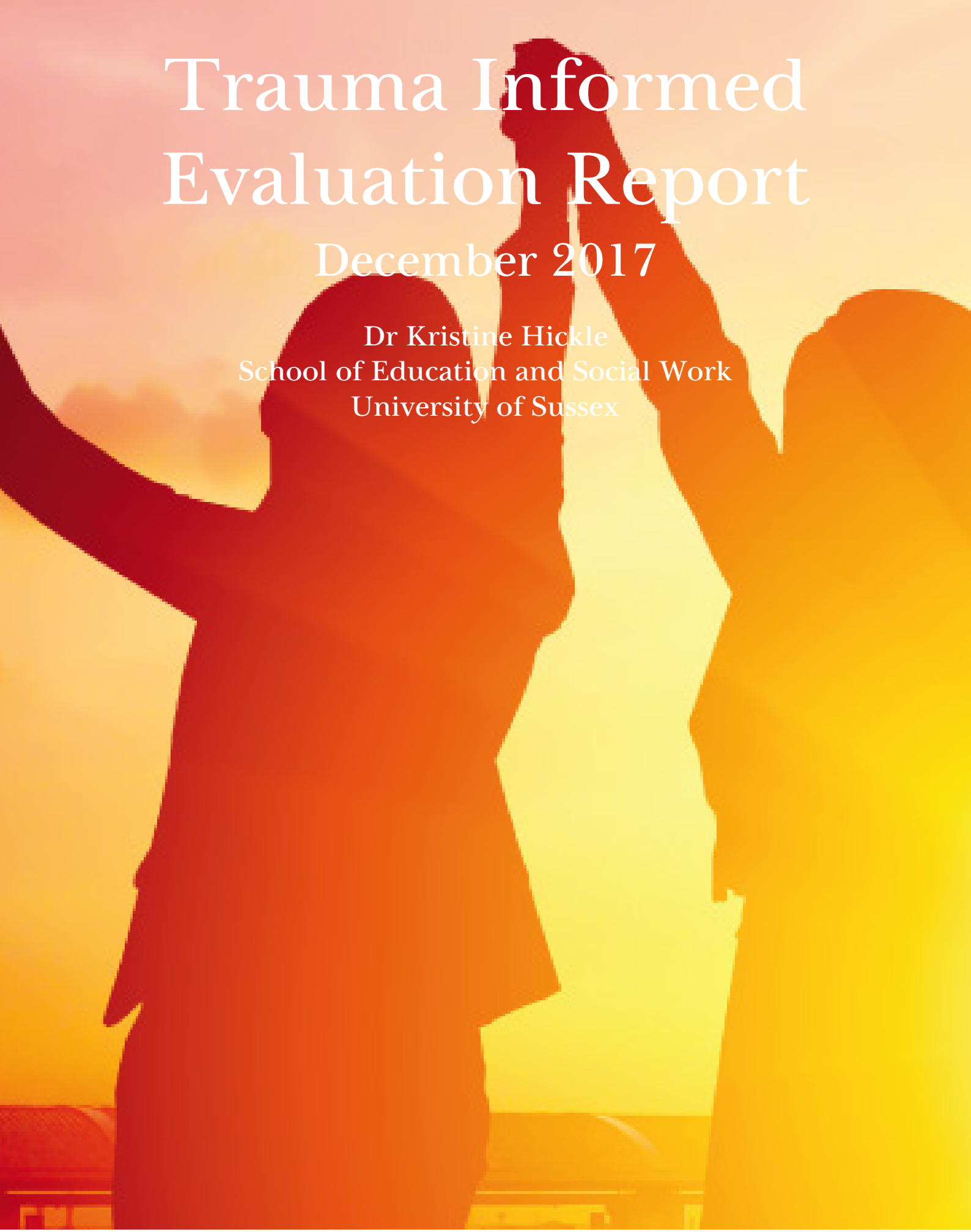

YMCA DownsLink Group

UNIVERSITY OF SUSSEX

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Executive Summary

Overview

1. The YMCA Downslink Group (DLG) began implementing a new agency-wide Trauma Informed Approach (TIA) in autumn 2014. They developed a theory of change, informed by SAHMSA guidance and the Sanctuary Model (Bloom & Sreedhar, 2008). They provided staff with one-day TIA trainings delivered by a clinical psychologist, began implementing reflective practice supervision (RPS) groups across the organization, and organized a 'TI development forum' composed of management from across the organization. They initially employed someone part-time to coordinate the TIA agency-wide implementation.
2. The YMCA Downslink Group contracted with the University of Sussex to carry out an evaluation of their TIA in 2015. A realist evaluation methodological approach (Tilley & Pawlson, 1997) was utilised to capture the contexts, mechanisms, and outcomes of any changes across the organization across a 20-month period, from September 2015-May 2017.
3. Multi-sources of data were collected during the evaluation including 1) a staff-wide survey administered in autumn 2015 and 2017; 2) evaluation forms collected following TI trainings in 2015, 3) staff retention and absence data, 4) quarterly safeguarding and service user incident data, and 5) focus groups conducted with managers, staff, and service users near the beginning of the evaluation (late 2015/early 2016) and near the end of the evaluation, in late spring 2017.

Findings

4. Both staff and young people believe it is important for staff to be knowledgeable of trauma symptoms and to understand the impact of traumatic experiences on young people's lives. This requires persistence and a nuanced understanding of how to best keep young people safe in the moment.
5. Young people feel safest when staff members share control and decision-making, when they feel respected by staff and believe staff members want to connect with them in authentic ways. Young people in focus groups describe feelings of hypervigilance when encountering new people and places within YMCA services, and these initial encounters represent key moments when safety needs to be prioritized.
6. Staff members who feel confident that they can identify trauma symptoms among the young people they work with generally value principles of trauma informed practice. In focus groups, they report that taking a TIA is changing their practice, particularly in relation to keeping young people connected to services when they begin displaying unsafe behaviours. However, staff also continue to request opportunities to revisit concepts from the trainings and be reminded of TIA practice principles on a more regular basis.
7. While reflective practice supervision (RPS) groups are still not consistently implemented across the organization, staff who attend regularly report beginning to see the benefits of RPS groups in relation to managing vicarious/secondary trauma and promoting wellbeing.

8. Finally, several of the outcomes identified in the organisation's initial Theory of Change are evidenced in the qualitative data, particularly in relation to positive engagement and improved staff and service user relationships. Other outcomes that were measured quantitatively (i.e. employee turnover and sick leave and safeguarding for young people and adults) proved more difficult to evidence. This may be an indication that 1) the TIA alone is not sufficient to enable these outcomes to be met, 2) implementation processes need to be revised to better enable outcomes to be met, 3) extraneous circumstances including organizational restructuring and sector-wide funding constraints continued to influence both staff and service user experiences at the YMCA, or 4) a longer period of evaluation is necessary to track change over time.

Introduction

The YMCA Downslink Group (DLG) serves children, young people, and families across South East England, and began implementing a new agency-wide TIA in Autumn 2014. They developed a theory of change, informed by SAHMSA guidance and the Sanctuary Model (Bloom & Sreedhar, 2008). Desired outcomes included: Reduction in staff sickness and absenteeism; increased staff retention; improved communication with external partners and internal partners (i.e. across departments within the organization); increased capacity among young people to engage with support; improved peer relationships, self-esteem, and the ability to manage difficult feelings; reduction in harmful risk-taking behavior; and young people feeling an increased sense of ownership over YMCA DLG. The agency provided all staff with one-day TIA trainings delivered by a clinical psychologist, began implementing reflective practice supervision (RPS) groups across the organization, and organized a 'TI development forum' composed of management from across the organization (e.g. including the facility maintenance department). They also employed someone part-time to coordinate the TIA agency-wide implementation.

YMCA DLG contracted with the University of Sussex to evaluate the TIA implementation in Autumn 2015. A realist evaluation methodological approach was employed (Pawson & Tilley, 1997) to capture the contexts, mechanisms, and outcome of any change across the organization during a 20-month evaluation timeframe, from September 2015-May 2017.

Methodology

A realist evaluation methodology, as discussed by Pawson & Tilley (1997), is a theory-driven, flexible approach to evaluation research. This approach emphasizes contexts, mechanisms, and outcomes rather than outcomes alone and requires that a theory-of-change is made explicit from the outset. The YMCA DLG had developed clear theories-of-change for both staff and service user outcomes, which guided the evaluation process and decision-making regarding the kind of data that should be collected.

A realist approach to evaluation lends itself to flexible, mixed methods and thus, a variety of data were collected for this project. Secondary data collected by the YMCA DLG included information on staff turnover, absences, and safeguarding alerts for service users. Primary data, collected specifically for this evaluation project included online surveys (n=169) and focus groups involving a total of 18 young people and 31 YMCA DLG staff (see Table 1).

Online surveys. A staff-wide survey intended to specifically examine staff members' knowledge and confidence with the agency's TIA was sent out in October 2015, and again in November 2016. The survey provided 13 statements that participants responded to on a 5-point scale (strongly disagree to strongly agree). These statements aimed to assess confidence in understanding and utilizing trauma-informed principles in practice. A total of 56 participants completed this portion of the survey (compared to 75 participants for the initial survey), and a majority responded favourably (i.e. 'agree' or 'strongly disagree') to questions.

Focus groups. Focus groups were run at two points in time: from November 2015-February 2016, five focus groups were held with management-level staff (1 group, 5 people), front line staff (2 groups of 3 and 7 people), and young people utilizing YMCA services (two groups of 4 and 4). From March-May 2017, a second series of focus groups were held: One composed of management level staff (4 people), two groups of front line staff (4 and 4), and two groups of young people (4 and 5). The staff focus groups corresponded with the groups of young people so that several YMCA DLG projects were represented through the views of both staff and service users. To protect confidentiality, the programme names will be left off this report.

Table 1. Data Collection

Data		**Total number of participants**
Focus groups phase 1	Managers	5
	Staff group 1	3
	Staff group 2	7
	Young people group 1	4
	Young people group 2	4
Focus groups phase 2	Managers	4
	Staff group 1	7
	Staff group 2	5
	Young people group 1	5
	Young people group 2	5
TI survey Oct 2015		95
TI survey Nov 2016		74

Data Analysis

All focus groups were audio-recorded, transcribed, and analysed using NVivo 11, a computer-assisted qualitative data analysis software programme. Themes from within the data were developed both deductively (from the questions asked in the focus group sessions) and inductively (topics that arose during focus groups but were not specifically asked about). Themes were also influence by knowledge of research on TI practice.

Data from the first set of focus groups was reported on a the Midway Report (in 2016); this final report will focus on findings from the second set of focus groups whilst reflecting on any changes that appear to emerge within focus group discussions between the two points in time. The quantitative data, including survey responses and information provided from the organisation (e.g. safeguarding alerts and staff retention trends), lent itself to basic descriptive analysis. T-tests were used to identify any statistically significant change in survey responses between two points in time (2015 and 2017), however, analysis revealed no significant differences (see Appendix A for the full responses and comparison).

Findings

Findings from this project will be organized into four key themes: Understanding trauma; promoting safety; trauma informed practices; and managing vicarious trauma and promoting well-being. Both qualitative and quantitative data collected throughout the 20-month project will be drawn upon in discussing each theme, though greater emphasis will be given to data collected in the second half of the project, and responses from both young people and staff will be drawn upon throughout.

Understanding trauma

Staff members' understanding of trauma, including an awareness of trauma symptoms and the way in which prior experiences of trauma may influence young people's behaviours and relationships, was a focus of the initial one-day trainings conducted at the outset of the YMCA DLG's TIA implementation. Overall the trainings (reported on in the Midway Report) were received quite positively, and survey responses indicated that staff feel confident in being able to explain what trauma is (89.3% in survey 1 and 87.5% in survey 2), and recognise trauma responses through a young person's behaviour (80% in survey 1 and 82.2% in survey 2).

In focus groups, the meaning of trauma and it's importance in practice was explored in greater depth. When focus groups were conducted in the first half of the evaluation project, participants were able to define trauma informed practice in broad, often vague terms ('*understanding behaviour and communication'*), though they were not able to easily coalesce around a clear definition and sometimes described it as synonymous with 'good' practice. In addition, some expressed concern over using the term 'trauma' as it was thought to be deterministic or perhaps too clinical. During the second set of focus groups, staff seemed to have a better understanding of how to conceptualise TI practice as a paradigm shift, and a way of approaching practice rather than something that seemed either quite perscriptive or too vague to be meaningful. Importantly, they were able to discuss their understanding of trauma in a way that indicated acceptance and 'buy in'; unlike the last set of focus groups, no one expressed concern or skepticism over the term 'trauma'.

'Trauma informed is like a concept or a way of working, it's not a prescribed way of working is it? It's about the way you come at your work.' (manager)

One staff member said that learning about TIA has taught her '*how to step back and consider it* [young peoples' behaviours] *from a slightly*

different angle'. Another staff member acknowledged, *it's not a tangible, it's not ABC, 234, you do this, this, this.'* These examples indicate that staff can understand and accept that TI practice is primarily a way of *thinking and being*, rather than a prescribed way of *doing*.

Across all three focus groups during this second phase, staff seemed more able to think of examples in which they had identified trauma in a young person's behaviour, or they had been part of a team that responded to a young person in a TI way. In one focus group, staff discussed how understanding trauma helped them to see and respond in common situations when young people were not following rules such as tidying rooms or washing up. One staff member said:

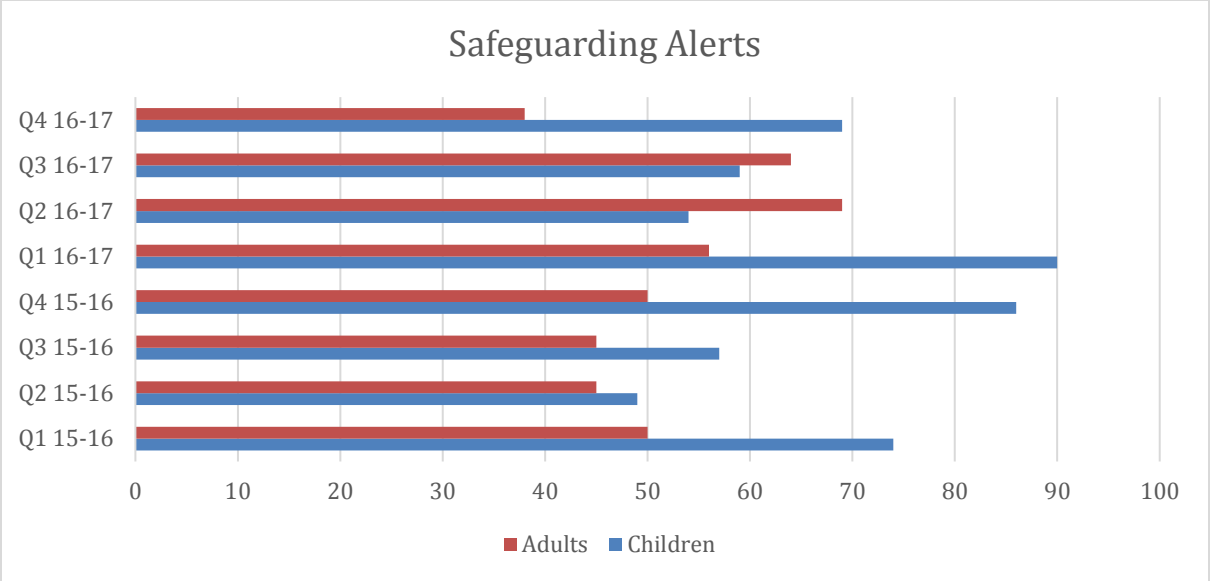
> *I think for me the key word there was about being reactive, because sometimes you can make an assumption that that person doesn't want to wash up… and you can kind of get in there,* [say to the young person*] that 'you need to do this'…so it [*TIA*] just gives you that chance to think, hold on, let's just take a step back and what's another way of going with it, which ultimately is going to be more effective.*

Other members of the group agreed, saying that by responding in a way that is not trauma-informed*, 'you might be feeding into parental trauma'* and might be left feeling more frustrated by the interaction. These reflections demonstrate, perhaps, an important shift in thinking about this new way of working. Here, these staff members understand that recognising trauma in a young person's behaviour and responding in a TI way avoids retraumatising the young person *and* makes their job easier (i.e. less frustrating). They are looking for ways in which the behaviours they see are perhaps rooted in earlier trauma; rather than pathologize and label the young person in an unhelpful way, they are using this information to inform how they think about responding in a way that makes the young person safer.

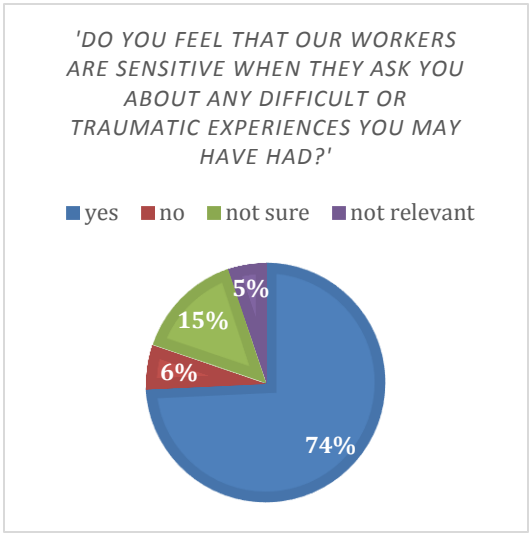
Promoting Safety

One of the key areas addressed in the Theory of Change for this project was a focus on safety. Progress on this area was assessed through tracking safeguarding alerts (see Figure 1) and exploring both how staff members thought about helping young people feel safe *and* young people understood safety for themselves. It was noted in the Midterm Report that safeguarding alerts did not appear to be reducing over time, as the TIA implementation became further embedded in the organisation, and this continued to be the case up until the end of the evaluation. This may be due to 1) the implementation's lack of effectiveness in relation to reducing risk, 2) an increase in young people feeling safe enough to disclose problems, and/or 3) young people who have high level of needs are increasingly unable to receive services from other specialist (i.e. mental health) organizations, and so YMCA staff are tasked with helping young people with very complex needs. Any of these reasons may explain why safeguarding alerts have not decreased throughout the previous 8 quarters, and it is possible that monitoring this data over a longer period of time would help the organisation to better interpret this information.

Figure 1.



While no change in the number of safeguarding alerts was evident, other forms of data collected as part of this evaluation indicate that young people generally do feel safe and staff are increasingly able to understand how they can practice in a way that promotes safety. This was particularly evident in the client survey. In the most recent (2017) iteration of the annual survey, young people were asked specific questions aimed at identifying safety and (potential) evidence of trauma informed practices by staff. Nearly all (92.8%) of the 237 young people who responded to the survey said that they felt physically safe and secure with YMCA workers, and 86.5% felt emotionally safe and secure. Among the five young people who reported feeling physically unsafe and nine who reported feeling emotionally unsafe, some indicated that their own trauma responses continued to be a barrier (‘*I feel highly unsafe around the male staff members’; ‘I’ve got anxiety and my mood changes all the time so sometimes I feel like I’m not even in the room’*) while others referenced inconsistent responses from staff and experiences with other service users *(‘drugs-being brought in by residents/people’s friends. CCTV needs to be looked at more by staff’*). Over 90% (n=214) felt the staff were approachable and welcoming, and a majority felt that staff supported them (84.4%) and listened to them (82.7%). Just over 80% of young people also felt that staff were reliable; considering the significant changes (both within the agency and in the sector more widely), this is commendable. Comments from young people who did not find staff reliable generally referenced having requests go unanswered, or noted inconsistency among staff. One young person was able to consider staff members’ experiences in their response, saying *‘It is a matter of whether the YMCA workers have their hands full and in most situations they do. I feel certain commitments remain kept aside in the books until reminded of.’*



Research note: It is worth reflecting on how these findings coincide with research. In a recent review of TI implementation studies, Sweeney and colleagues (2016) found that taking a trauma informed approach seemed most effective in helping an organisation to achieve outcomes related to service users' wellbeing and their connection to services (i.e. reduction in post-traumatic stress responses and general mental health problems, an increase in coping skills, improved physical health, and treatment programme retention). It has been demonstrated less effective in achieving outcomes related to risk and stability such as substance misuse, emergency room and shelter use. This seems to align with the findings for this evaluation. Young people report feelings safe, supported, and a sense of belonging at the YMCA; staff demonstrate an understanding of how to help young people feel safe which is likely to result in increased coping skills and reduction of post-traumatic stress responses. However, safeguarding alerts have largely not changed, which may indicate that this approach alone (without changes in the wider system of service provision and safeguarding) is not sufficient to reduce risk and achieve stability, as was the case in prior research.

In order to ensure that young people's perspectives on feeling safe were capture in greater depth, they were asked specifically about safety in focus groups:

1. *What do you think is meant by the term 'safety'? Are there other ways you can feel safe or unsafe other than just physically?*
2. *When you are with YMCA DLG staff, do you feel safe in your relationship with them?*

In the first set of focus groups, young people described safety as 'secure', as feeling like they have control over their lives, believing that their concerns are taken seriously, knowing that confidentiality is maintained, and that staff are available, authentic, and trustworthy. During the second set of focus groups, these themes continued to feature strongly. Feeling in control of their lives was paramount, and this finding is supported by prior research on trauma survivors' needs (Harris & Fallot, 2001). In the second set of focus groups, young people were prompted to speak more specifically about how they felt staff members have supported them to feel safe. Their responses emphasised the need for staff to start with a human connection and then engage with them persistently and professionally.

Human connection

Young people described feeling a human connection with staff through the everyday and the mundane: Discussing the high cost of rent in Brighton; a support worker being willing to go 'off script'; getting a sense that staff members were not trying to act out of a position of authority. On several occasions, young people said quite simply that they wanted staff to act '*like normal adults, normal human begins*' and they wanted to be treated *'just like a person'*. This need was acknowledged in one of the focus groups with

staff, by a participant who said: *'I think there is a sense of trying to, in one's practice, trying to make sure that one is constantly remembering that it's a human being, there is a person here.'* While young people wanted to connect with staff, they also understood and expected boundaries from them. They did not assume staff could 'fix' things for them, but rather that they would be professional ('*So you do have a sense of safety,* [if] *someone is trained, someone knows what they are doing'*), and honest about what they could provide:

> *They were really helpful and very honest of what they could help me and what they couldn't help me with, so that was like good, because I don't want them telling me that they can sort everything out and it's not exactly very helpful.*

Young people also expected and needed other practical evidence of safety, such as the use of CCTV ('*So I have a feeling, like, I'm safe because it's like someone's watching you, it feels safe that someone's making sure that the space you're in is... Nothing's going to happen in there.').* The use of CCTV was discussed by both young people and staff in the second phase of focus groups, as evidence of both safety and an area in which boundaries had to be sensitively kept.

Staff members' understanding of safety seemed to develop across focus groups[1]. During the first set of focus groups, staff members did not voluntarily speak about safety when describing TI practice. While some nuanced and reflective responses were given, it was not strongly featured in how staff described TI practice. During the second set of focus groups, staff members did occasionally speak unprompted about safety, and more staff members were able to describe how they try and help young people feel safe in practice.

> *We build up such strong relationships with our young people, we really work hard to have that, and to have that trust, with them, and hopefully they all trust us. They do come to us and say if something isn't quite right or I don't feel safe, so that's really good. (staff member)*

Like the young people, staff also spoke about safety in the context of professional boundaries; they spoke about not allowing service users to verbally abuse them and by trying to think carefully about how and when it was best to allow young people to share difficult information:

> *It's quite tricky when someone does start to talk about a traumatic thing that's happened to them, abuse or something like that, and you know that it potentially could harm them more if they do it here and now with you, then it might seem like a nice environment, they have got a connection with you, but it's not potentially the right time, and I think it's something I still need to learn, is how to not cut people off, but also just to inform them that it might not be the right space to do it.*

This example demonstrates how staff are leaning into the complexities of taking a TI approach in practice, and may represent an area for further training and support, particularly as young people spoke about the importance of how staff handle disclosures that they feel ill-equipped to address. One young person spoke specifically about how staff member(s) have helped her manage difficult disclosures:

[1] It is important to remember that the small sample of staff participants is not necessarily representative of the whole staff population.

…you come out with something really hard, they go through it to make sure that everything is okay, but not spending too long on that- and not letting you leave, like making sure that there's a steady build up to something [else]*…so you can leave and that isn't the first thing on your mind.*

You have to be very careful not to let people leave in that state, because anything can happen. It's like even like small things can really trigger people.

You know, things are really starting to look up now and I think a lot of other places like, say, would've given up. And the fact that they haven't is, you know, really means something and that's, you know, a sign of trust, respect. You know, understanding that people can change and just because of the way they're acting in the moment due to whatever's gone on in their life doesn't mean that's how they really are, that's who they want to be. (young person, 'Bob')

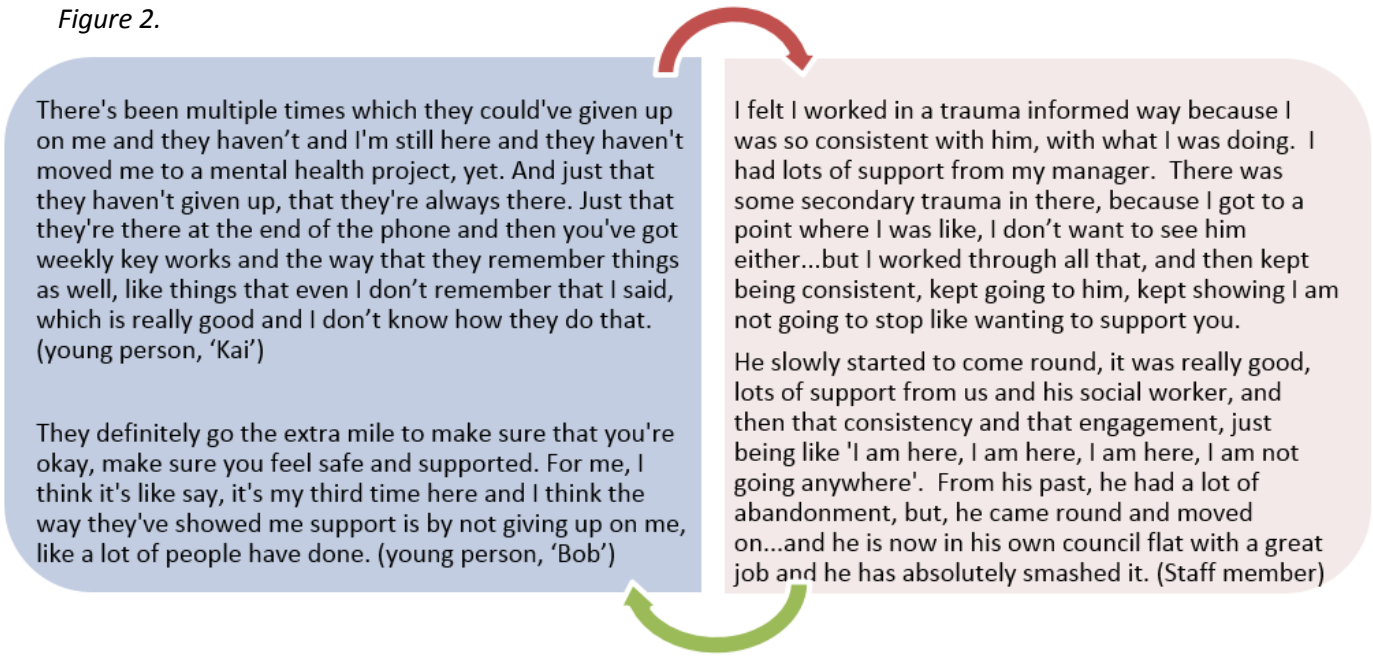
Persistence

Both staff members and young people discussed persistence as another key aspect in helping young people feel safe over time. Staff members spoke about being persistent in terms of showing patience, waiting to react to behaviour, and recognising the important role of building relationships over time with young people:

That's why it's very important for it to be trauma informed because it's often going to be their very last chance to have that second or third or fourth or fifth attachment. We all know that they've obviously had a breakdown of relationships at home… (staff member)

Young people spoke of feeling appreciative that staff members would follow up with them, 'go the extra mile' to check on them, to make sure they were okay, and to 'not give up'. The quotations in Figure 2 below from young people (left) and a staff member (right) indicate the symbiotic way in which persistence in practice is thought about by staff, and may be interpreted by young people.

Figure 2.



Trauma-informed practices

During the first phase of focus groups, staff members had some difficulty identifying specific ways that they had incorporated TIA in their practice. During the second phase of focus groups, staff members were more able to give examples of what they understood to be TI practices. Many of these are evident above, in quotations evidencing how they understood trauma and went about promoting safety. Staff were also prompted specifically in focus group discussions to give examples of TI working in their own practice or in observing their colleagues. Examples included:

- Being aware of body language and somatic symptoms, as '*trauma is really held in the body'*
- Validating young people's own perspectives on their experiences
- Splitting up assessments, offering breaks (e.g. '*take 5 outside'*) if a young person appears overwhelmed or triggered
- Informing the way in which young people are given warnings *('so now you can work warnings off through an acceptable behaviour contract…we have worked with people, gone in and said 'right, okay, you want a fresh start, let's wipe them, let's start.' That's worked really well as well, changed a lot of behaviour.'*
- Informing the way other routine tasks, like collecting rent, can be done in a trauma informed way
- Providing a common language for staff members to use within a team, and throughout the organisation

Each of these examples demonstrates key principles of TI working: being aware of trauma symptoms, working to establish trust, offering choice and control, and collaboration. It also indicates growth in relation to the TIA implementation, as staff appeared more able to identify TIA in practice. Some staff members were also able to reflect specifically on how taking a TIA had changed their practice ('*Before (TI) I might have been looking for information in terms of a paper trail rather than really wanting to hear [their] story').* One of the managers reflected on what they saw in staff on their team, saying:

> *I see it all the time where they are very measured, calm and able to de-escalate the situation…to a certain extent don't take things personally, are able to kind of read in that it's not a personal attack on them.*

Focus group discussions of TI practice during the second phase of the evaluation also extended to organisational working practices, with managers and staff reflecting on how they felt their teams were responding (and supported by the organisation to respond) in more TI ways. Some spoke about trying to process interactions with young people as a team more often, to really pay attention to how others are coping with their work, and supporting each other to maintain confidence in their work, such as:

> *ensuring they are supported when they don't see change with young person 'quickly enough'. One manager said 'actually it's okay to sit there and come away and think 'that was crap' and then come and talk to a manager or a teammate and talk through what happened and go, 'no actually I think you did a really good job there' and unpack it a little bit.*

Another manager also spoke about being better able to acknowledge that personal traumas in the lives of staff members further complicates the work, and really trying to pay closer attention to staff members and how they, as individuals, cope with the work. One manager commented on TI practice he observed in other managers, such as make people go home on time, take TOIL, and be as flexible as

possible with their employees. These organisational practices perhaps indicate growth in relation to a more integrated adoption of TIA across the organisation, which was less evident during the first phase of focus groups in 2015-2016. Additional organisational practices for managing vicarious trauma and promoting staff well-being are discussed below.

Managing vicarious trauma and promoting well-being

Data collected in relation to YMCA staff experiences with vicarious trauma, support and training needs, and overall wellbeing was varied to coincide with the range of outcomes identified in the YMCA's original Theory of Change document. Employee sick days and staff turnover were tracked across 12 and 7 quarters respectively (see figures 3 and 4), and it appears that both the number of sick days taken, and staff turnover may be declining though it is advisable to be cautious in interpreting these trends over relatively short periods of time.

Figure 3.

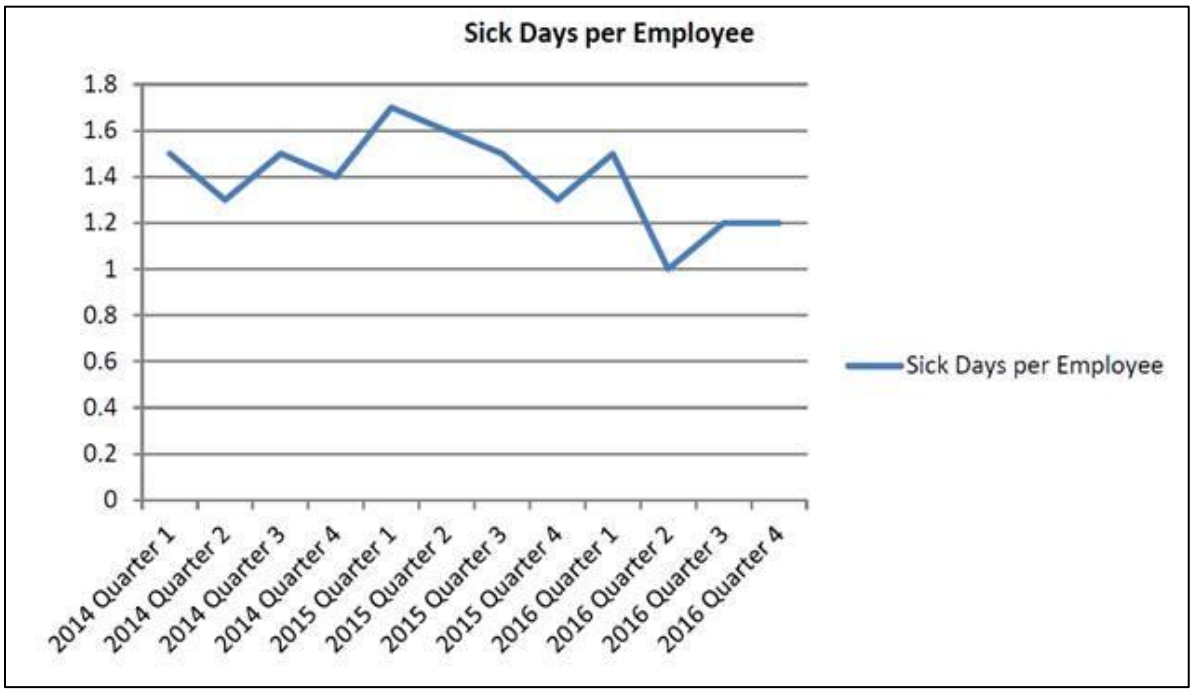
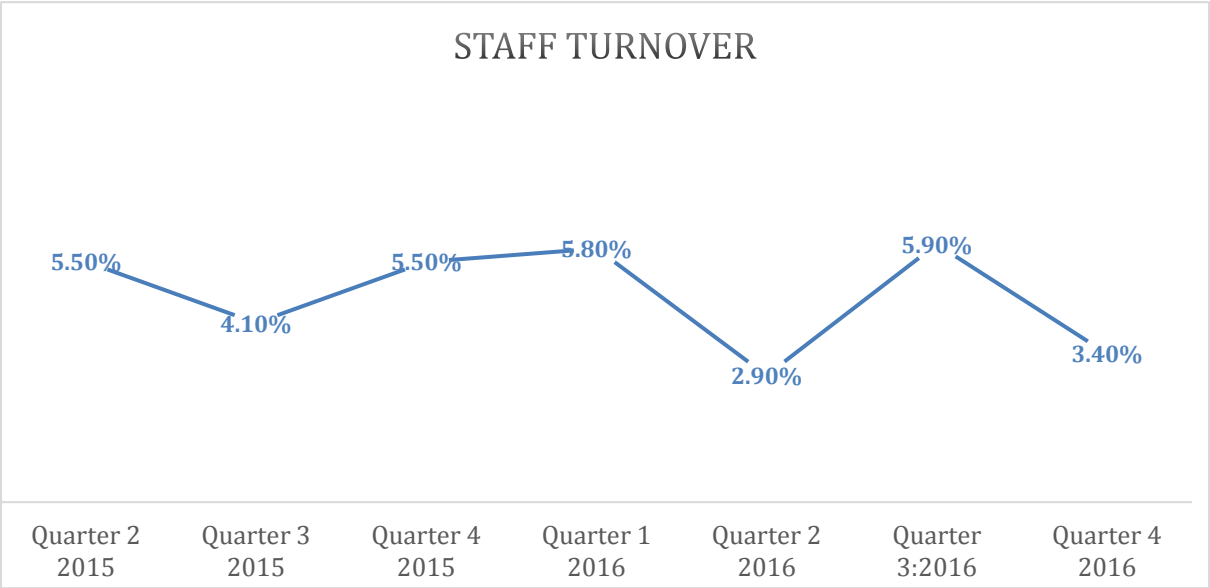


Figure 4.



Staff surveys, including specific questions about supervision and vicarious trauma were distributed at two points during the evaluation, in 2015 and 2017, and questions about supervision and vicarious trauma were asked during focus groups with staff and managers. During the first phase of focus groups, staff participants generally had difficulty defining and identifying vicarious trauma in practical terms. Some were not familiar with the term at all, and most were unable to consider how they might experience it. They were aware that supervision and RPS groups were taking place, and some were participating in them. However, the discussion of RPS groups was punctuated by strong negative opinions; some did not like the group format and others did not like the clinical nature of the supervision.

In the 2016 staff survey, RSP supervision experience was explored in greater detail. Fifty-six staff members responded to the question and half (28) reported that they attend RPS supervision groups. In response to the question, '*Do you find that RPS groups help you in your work?*', only 31 staff members responded and a majority (61.3%) said 'yes', it does help. Those 31 respondents also provided some qualitative feedback: Nine reported that they do not regularly attend (or have only attended one session); seven provided ambivalent feedback, indicating that they were not sure RPS groups were more helpful that individual supervision, that the groups took too much time out of their workday, or they felt they needed more support that the group sessions offered. This feedback echoes the comments made by staff in the initial (2015) focus groups, indicating that variability still exists in relation to the provision of RPS groups.

Despite this variability, 14 staff members provided clear positive feedback, reflecting the experiences of some staff whose RPS groups may be delivering the outcomes identified in the original Theory of Change:

> *"Supervision is key for my own wellbeing and that of the clients. It is a safe space to discuss ideas and thoughts without judgement and to discuss how best to serve the clients' needs. I'm grateful for this process."*

"It helps as a confidential space to offload. Value the peer support as well as the input from the facilitator."

"RPS sessions help me to process experiences and emotions and share with my team in a supportive environment."

'I think RPS is the most trauma informed thing for the staff' (manager)

These positive comments were echoed by several focus group participants, who were able to describe in more confident terms the positive impact that regular RPS group attendance is having on them; for these staff members, RPS was considered '*invaluable*'. One participant noted that the investment of RPS across the organisation *'really shows that you're valued, and that you're supported in your role, and I think that like encourages you to work as best you can.'* Another described how his experience of RSP reflects the outcome intended in the organisation's Theory of Change:

> *We are not in the building, we are not with our manager from day to day, we have got someone else who wasn't there, doesn't know what happened, who is therefore trying to understand the situation or the theme or what work has come up, and offer helpful advice or help us find a better way of approaching things. [RPS] gives us that time away…when we are away from it, you can actually describe it in as much detail as you can remember an instant, reflect on how you acted, and then the rest of the team can feed back in and…then try and find some alternative strategies, either for working with the client or coping with the issue yourself. That's what's most useful.*

While many of the comments made about RPS groups were strongly positive, there remained variability in both front line and management staff's experiences and in the management focus group, members discussed some of the more intangible barriers to making RPS groups uniformly effective, including:

- Processes are not always consistent; for example, one group would run even if only a single member showed up, whereas another group might be cancelled if too few members attended (and cancellations happened frequently in some groups)
- Some staff remain 'highly anxious' about attending, and do not want to feel vulnerable
- Anger or uncertainty about the purpose of the RPS groups

Despite some of these challenges, staff also recognised other ways in which colleagues, managers, and the organisation as a whole were working responding in more trauma informed ways. This was particularly evident in the second round of focus groups; while not everyone who participated in the focus groups was able to define vicarious or secondary trauma, a richer and more nuanced discussion took place on this topic in each staff group. Some staff members were also able to identify how their managers were more aware of the potential for them to be triggered, and worked to mitigate the impact of these triggers:

> *My manager picked up on something, and I took her to one side and she hit the nail on the head, so that was really really good and she made sure that there was extra support for me. So I thought that was a real trauma informed approach as a company.*

A few others referenced a newly implemented 'Well Being Policy' that was beginning to have a greater impact; one staff member described it as 'seeping in' to the culture of the organisation more evidently.

This seems a particularly promising development, as staff were able to link this policy to the overarching TI agenda.

Recommendations and conclusion

Data collected for this evaluation project over a 20-month period indicates growth in relation to the organisation-wide TIA implementation. This is particularly commendable as the project took place when the organisation experienced challenges including internal restructuring and the ongoing impact of austerity, which has placed pressure on YMCA staff to provide support for children and young people with very complex needs. In survey data, young people generally report feeling safe and respected by YMCA staff. Staff report confidence in understanding trauma responses in young people, though survey data did not indicate any significant changes in staff responses across the two points in time. Trends in employee sick leave and staff turnover indicate a possible reduction, though it is not possible at this point to confidently attribute any change/reduction directly to the organisation's TIA implementation. Focus groups with both front-line staff and management shed light on how they have experienced the TIA implementation, how they are engaging in TI practice both individually and within/across teams. Focus groups with young people enabled a more nuanced and in-depth understanding of how they experience trauma-informed working, and what they need from staff in order to feel safe and stable.

During the focus groups, staff and young people were given the opportunity to offer recommendations for how they felt services might be improved. Young people spoke about the desire for consistency in staff, which would enable them to build a trusting relationship more easily and avoid having to tell their 'story' multiple times. Staff members also spoke of this, and in one focus group staff discussed how the project they worked for was currently reorganizing to adopt a '*better casework model*' so that they were more able to assign consistent key workers to young people.

Staff members also spoke often, during both the first and second phase of focus groups, about the need for more regular TI trainings or forums to discuss TI practice, 'refresher' courses, or 'top ups' to help them embed TI knowledge into their practice more consistently. In some ways, the focus groups themselves modelled a kind of forum as staff and managers commented on the usefulness of having space to reflect on how TIA manifests in their work. Several staff members also felt that they would benefit from being given more examples of TI practice across the agency, particularly because some felt that implementation was still patchy across YMCA programmes. Others suggested additional training in specific areas including: responding to first disclosures and knowing how to discourage young people from sharing sensitive (traumatic) information when there are time constraints or the location is not confidential. Some staff members felt that the organisation could continue to be more trauma informed through increased transparency and improving processes for ensuring that feedback provided by staff team is received and recognised by leadership. Others suggested mindfulness training, and spoke about the way that support within teams could be formalised, such as a regular check out at the end of a Friday to ensure that staff isn't left going into the weekend, '*just holding, sometimes really horrific stories*'.

These recommendations indicate that over the past 20 months, staff have largely accepted and 'bought in' to the principles of TI practice as useful in their work, and would benefit from ongoing training, support, and continued communication regarding how the organisation envisions further embedding the TIA. Additional recommendations include ongoing evaluation of the quantitative data (i.e. staff retention and sick leave) to better assess the impact of the TIA on employees, particularly as the new Wellbeing Policy is still relatively new and the full impact of this policy is perhaps not yet known.

The limitations to this evaluation research include the low staff survey response rate, and small numbers of focus groups representing primarily full-time paid employees from a few YMCA programmes. Thus, the findings from this study should be cautiously interpreted and are not necessarily generalizable to all YMCA programmes or staff. It is also important to note that the survey was opened to all YMCA staff, including volunteers, while only paid staff were recruited for focus groups; thus, some of the survey responses may reflect volunteers' experiences (who may not have had access to training or participation in RPS groups) adding further complication to how best these responses may be interpreted.

The strengths of this study include the wide range of data sources collected, and the inclusion of both staff and young people's voices; to date, very little research on TIAs have included service user perspectives, and the YMCA's strong commitment to helping facilitate young people's inclusion in the research reflects their commitment to serving young people well.

Appendix A

Survey statement	Oct/Nov 2015 ('agree/strongly agree')	Oct/Nov 2016 ('agree/strongly agree')
I am confident that I can explain what trauma is	89.3%	87.5%
I am confident that I can recognize the signs of trauma in a person's behaviour, even if a person does not verbally tell me	80%	82.2%
I am confident in my ability to build trusting relationships with young people that enable them to feel safe.	88%	89.3%
I am confident of my understanding of 'vicarious trauma' (sometimes also called 'secondary trauma') and I can tell when I might be suffering from it myself.	64.3%	75%
I would be able to spot some of the classic signs and symptoms of vicarious or secondary trauma in my co-workers.	58.67%	58.9%
I am comfortable asking about others' traumatic experiences and hearing the responses.	82.67%	89.3%
I feel comfortable discussing traumatic experiences with my line manager.	65.34%	69.6%
I feel safe, valued, listened to and supported by YMCA DLG.	70.67%	60.7%
I understand that some 'risk taking behaviours' (e.g. self harm, substance misuse) are used by young people as mechanisms for coping with trauma.	92%	96.4%
I think that protective/coping strategies (for example self harm or substance misuse) used by young people who have experienced trauma can be misinterpreted by staff and service providers.	78.7%	85.7%
I understand and could describe what a 'Trauma Informed' organisation 'looks' like.	50.7%	48.2%
I see the Reflective Practice Supervision (RPS) groups as a place to emotionally process the stress associated with my work.	64%	50%
I see myself a 'Trauma Informed' professional.	70.7%	64.3%

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